



DATE OF REVIEW: 08/31/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute:

- XX Upheld.

PATIENT CLINICAL HISTORY [SUMMARY]:

On XXXX the claimant presented for an office visit for XX XX, XX knee, and XX XX pain. The claimant XXXX on the XX arm but that did not bother the claimant. The claimant was XXXX and weighed XXXX pounds. The claimant reported XXXX. The claimant had some pain around the XX shoulder XX and to a greater extent had pain in the XX XX

extending from the XX to the XX side and around into the XX and XX. XXXX had popping inn the XX knee that was not really painful. The claimant denied prior XX problems. In the XX XX, there was tenderness to the XX XX and good range of motion of the arm. In the XX XX, there was tenderness over the XX XX spine and XX XX muscles. There was decreased motion with pain on turning to the XX and with XX. There was XX XX pain with straight leg raising. X-rays of the XX XX, XX XX and XX all appear negative. Diagnosis was XX of the XX hip, XX XX strain and XX XX strain. Medications were ordered.

The claimant was seen for follow up at XXXX on XXXX who reported XX XX XX pain with pain radiating to the XX XX and XX XX. The pain was aching and burning. The pain level was XX. Exam of the XX XX revealed tenderness in the XX XX, with tenderness in the XX XX and the XX XX XX with spasms. Motion was painful. There was negative straight leg raise and normal XX.

The claimant was seen for an initial therapy visit at XXXX on XXXX who reported XXXX.

The 5th therapy note dated XXXX indicated that the claimant reported pain of a 2 and was improved by 70% since beginning treatment.

MRI of the XX XX dated XXXX read by XXXX noted slight reversal of the XX XX suggestive of muscle spasm. There was moderate XX-XX moderate XX XX XX XX. There was moderate XX-XX XX XX. At XX-XX, there was XX XX XX.XX XX XX/XX at XX-XX which may contact the exiting left XX nerve root with accompanying XX high signal intensity fissure. At XX-XX there was a XX XX XX XX XX producing mild central XX XX with a XX XX XX extension of the disc XX possibly producing exiting XX XX nerve root XX XX. There was mild XX XX and a XX XX XX at XX-XX without XX XX XX or XX XX XX.

XXXX saw the claimant on XXXX who reported XXXX. The claimant reinjured the XX shoulder where XXXX had had XX XX XX XX done in the past. The claimant had XX XX pain radiating to the XX XX and XX XX since the accident. XXXX had undergone PT and medications without improvement of the symptoms. The XX XX pain was constant, mostly in the XX side. Past medical history was positive for XX. The claimant was XX XX. XX XX exam revealed no pain to XX of the XX XX. There was decreased XX of the XX XX. Pain was noted with range of motion. Strength was XX/X of the XX XX XX. There was decreased sensation of the XX XX and XX; reflexes XX in XX. MRI showed a XX XX at XX-XX which correlated with the exam findings. XX XX XX-XX ordered and continued PT. Dx: XX XX-XX XX and XX.

XXXX performed a XX XX XX XX-XX on XXXX.

On XXXX, the claimant was seen by XXXX and reported that the leg pain improved for a few weeks by 50%. The claimant had XX XX XX pain that increased with activities. Exam findings were the same. Repeat XX was ordered.

On XXXX, XXXX saw the claimant who had continued XX thigh pain and was pending a repeat XX. The claimant had questions about the XX XX XX at XX-XX, indicating that XXXX physicians wanted to send the claimant for a second opinion regarding those findings. The exam findings were the same as on the original office note. It was explained to the claimant that the signs were at XX and XX on the XX which correlated with the XX at XX-XX and there were no exam findings to correlate with the XX-XX MRI findings. The provider reassured the claimant that XXXX did not treat MRIs but treated people.

On XXXX, XXXX performed XX XX XX XX-XX.

On XXXX, the claimant reported that the XX thigh pain persisted and the last XX gave the claimant less than a week relief. The claimant reported that walking increased the pain and the claimant had difficulty walking up a stair. The exam findings were the same. An XX/XX on the XX was ordered to rule out XX or XX XX. A XX XX evaluation for XX/XX at XX-XX was ordered.

An initial mental health evaluation dated XXXX noted the claimant reported having chronic pain in the XX XX and XX shoulder rated at a XX. The claimant was ready to undergo surgery. The claimant is an XXXX XX and had been unemployed for the past X months due to XX and XX XX pain. The provider noted that the claimant would be an appropriate surgical candidate.

XXXX saw the claimant for a XX evaluation on XXXX. An XX/XX of the XX XX XX was performed and was normal.

XXXX saw the claimant on XXXX who had pain in the XX thigh in a XX distribution. Pain was X. Exam was the same. Surgery at XX-XX was ordered.

On XXXX, XXXX performed XX XX and XX XX XX XX-XX.

XXXX saw the claimant on XXXX who reported the average pain was 3 and the claimant was performing a home exercise program. Exam revealed no pain to palpation of the XX XX or XX XX area. There was loss of ROM. Strength, sensation and reflexes were normal. Work conditioning was ordered.

On XXXX, XXXX saw the claimant who noted the pain had improved. There was XX XX XX XX and XX pain during ambulation. Average pain was a XX. Exam noted no pain to palpation of the XX XX. This added that positive special testing performed were XX and XX and noted those were normal. Diagnosis was XX XX-XX on the XX, XX XX and XX joint XX of the XX XX. A XX XX XX injection was ordered.

UR report dated XXXX denied a XX XX XX XX. An addendum noted that peer to peer was conducted and XXXX stated that the exam suggested persistent XX XX pain due to a XX problem and requested the injection for therapeutic and not diagnostic treatment.

UR appeal report dated XXXX denied XX injection.

XXXX saw the claimant for follow up on XXXX who reported that the pain had neither improved or worsened since the last visit. The claimant had XX XX and XX XX thigh pain. The XX thigh pain had resolved since surgery. The XX XX injection was denied based on ODG. The pain was XX and the claimant was not working. At this visit, there was XX XX pain with palpation of the XX XX joint and normal on the XX. XX and XX was normal. XX distraction also caused XX XX XX pain. The provider noted that the exam confirmed signs of XX XX joint pain with a XX XX, XX (though the above sentence under physical exam noted those were normal), XX XX and distraction tests and tenderness to palpation. XXXX would resubmit for a XX XX XX injection.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The XXXX sustained a work injury on XXXX and subsequently underwent a XX XX XX and XX XX side at XX-XX. Postoperatively, the claimant completed physical therapy and on follow up with the surgeon dated XXXX, the claimant reported having XX XX XX XX and XX pain during ambulation. Exam at that time revealed no pain to palpation of the XX joints. This added that positive special testing performed were XX and XX though noted those were normal. At a later office visit, the treating surgeon reported that there was pain to palpation of the XX XX on the XX and there was a XX XX XX and XX XX. The provider stated in a peer to peer utilization review that the XX XX was requested for therapeutic purposes.

The ODG does not recommend XX XX XX-XX or XX XX for non-inflammatory XX XX based on insufficient evidence. The preoperative MRI identified no abnormalities in the XX XX XX. There are no postoperative diagnostics available to rule out other pathology as the cause of the current symptoms and exam findings in this claimant who had a XX

XX-XX XX and XX-XX. There is no objective compelling evidence to support the proposed XX XX joint injection outside of the treatment guidelines or other evidence based medicine guidelines.

In summary, the proposed XX XX injection is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**
- AMA 5TH EDITION**